



02-17-06

TFW

In the United States Patent and Trademark Office

App: Serial number: 10/669,233.
Appn. Filed: 09-22-2003
Applicant: Bud Nilsson
Appn. Title: Automatic Brake System Modulator
Examiner: Johnson, Vicky, A.
Attorney Docket: BudBrake
Confirmation No.: 3568

Mailed: 2-16-06
At: Lodi, 95241

Amendment : "A"

Commissioner for Patents
Washington, District of Columbia 20231

Sir:

In response to the Office Letters mailed 11-21-2005 and Notice of NonCompliant to Amendment (37 CFR 1.121) dated 2-7-2006, please amend the above application as follows:

Specifications: Page, 1, line 19 as per markings.

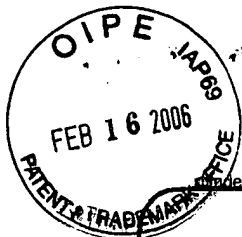
Claims: Cancel all claims of record, 1-7 and substitute as per pending claims 8-14.

Signed:

Date:

2-15-2006





PTO/SB/21 (03-03)

Approved for use through 04/30/2003. OMB 0651-0031

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/669,233	
	Filing Date	09-22-2003	
	First Named Inventor	Bud Nilsson	
	Art Unit	3682	
	Examiner Name	Johnson Vicky. A	
Total Number of Pages in This Submission	4	Attorney Docket Number	Bud Brake

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual	Bud Nilsson	
Signature		
Date	2-15-2006	

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